NORMAL MARITAL PROCESSES:

VARIATION IN PROCESS AND STRUCTURE

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I. Problem for Social Work

Social work clinicians are expected to understand and help family systems who, at times, experience difficulty and ask for professional help. These are families who generally function well and may need assistance for short periods of time in order to resolve their present problems. These families do not fit into the extremes of dysfunction which have comprised the research and clinical populations during the past thirty years. Little is known about (1) the process and structural characteristics of these viable systems, (2) how to observe and assess their interaction, and (3) how to design and implement system level interventions who comprise the unit (Barnhill, 1979; Bateson, 1972; Olson, 1979; Maslow, 1977; Hoffman, 1981). Knowledge about the interactional processes in family systems has primarily developed from the study of symptomatic family systems, such as the direct observations of family interactions relative to an understanding schizophrenia. (Bateson, et al., 1945, 1963; Haley, 1962; Caputo, 1963; Beavers, 1965; Singer and Wynne, 1963; Mishler and Waxler, 1965, 1968, 1975). Because of the traditional focus on pathology in much of the literature on family interaction and communication, normal families typically have been characterized merely as showing an absence of pathological communication (Walsh, 1982). There is a consensus in the professional literature that more knowledge is needed about the interaction processes in viable family systems who are able to resolve problems without generating chronic emotional symptomology in one of the family members (Olson, 1979; Haley, 1972; Barnhill, 1979; Maslow, 1977; Hoffman, 1981; Satir, 1972; Jackson, 1965; Raush, Grief and Nugent, 1978). F. Walsh concludes from a comprehensive study of the research for the past fifteen years dealing with normal family processes that "more rigorous theory construction and empirical testing are needed to distill from various theories, the critical concepts and variables related to normal family functioning and dysfunction" (Walsh, 1982, pg. 36).

The decision to focus exclusively on asymptomatic couples in this research was based on this gap in our verified theoretical knowledge. The objective was to learn more about a wide range of marital systems which function without generating and maintaining disabling emotional symptomology in their nuclear family system; i.e., how they share, take in and process information as a unit, how they deal with individual needs and wants in relation to the other and if and how they resolve individual and joint problems.

An additional problem for social work clinicians is the lack of a widely accepted empirically verified systems model for clinical assessment and intervention which in nonlinear, holistic

and value free in relation to a health/illness continuum.

The proposed model in this research attempt to be nonlinear. This epistemology is based on the ideas of organismic systems theory, Gestalt psychology, phenomenology and a syntheses of "family system theory" (which includes communication, cybernetic, interactional theory and theory dealing with the concepts of differentiation and fusion in interactional behavior). The objective of the model is to offer the clinician a guide for pattern identification in intimate dyadic systems. The model is designed to generate assessment without accompanying labels of functionality ascribed to the phenomena observed. The interactional data are organized around major areas of the system's processes (i.e., how information is shared and processed, how contact operates and how tasks and interactions are resolved and finished).

Clinicians who desire to intervene in a systemic way need a way of seeing and understanding what they observe in intimates dealing with each other. A major objective of the clinician is to accomplish focused observation. They need to know what to look at and how to translate what they see into language which describes experience and provides a theoretical map for formal understanding.

The shift in therapeutic focus from isolated individuals to relationship systems has resulted in the need for an appropriate paradigm. Although there are increasing networks of clinical literature related to family systems therapy, there is no widely accepted conceptual framework for assessment and intervention which is systemic and nonlinear (Bodin, 1968; Keeney, 1979 and 1983).

This research explored the usefulness of a specific theoretical integration translated into a conceptual framework for assessment and intervention with married couples, without chronic disabling symptomology. This model attempts to reflect a nonlinear, systemic transactional epistemology. It emphasized pattern recognition, interrelationships of behaviors, circularity and discovery of system functionality without ascribing labels or judgments regarding the dimensions of health/illness.

Traditionally, clinical assessment has involved ascribing a label to an individual in order to signify the particular pathology represented by the specific set of symptoms exhibited. The argument of systems-oriented therapy is directed toward the assumption that the individual is the site of pathology as a consequence of linear causal effects.

History of Couples Research

The review of literature concerning couples reveals very few which focus on process, interactive patterns (Sprinkle and Olson, 1978; Gottman, Markman and Notarius, 1977; and Vincent, Weiss and Bircher, 1975). Most studies of couples have focused exclusively on what partners feel or think about each other or activities they share together rather than the process and interactional styles that led up to and help maintain these outcomes (Sprinkle and Olson, 1978; Hicks and Platt, 1970; Kolb and Straus, 1974; Cromwell and Olson, 1975). The latter generally offer aggregate measure of couples' process and judge the outcomes in relation to specific variables of interest to the investigator. This is differentiated from a measure which describes the existential phenomenological process of marital interaction, utilized in this study.

The literature revealed a significant gap in knowledge about the dominant majority relationships who function without getting stuck in dysfunctional processes and structure long enough to create debilitating symptomology in system members. These asymptomatic systems experience problems and stress and deal with these issues in ways which result in satisfying individual impairment is prevented. Social scientists and practitioners do not have sufficient information regarding the kinds of processes and structures utilized impairment is prevented. Social scientists and practitioners do not have sufficient information regarding the kinds of processes and structures utilized by these successful family systems to create their viable, nourishing relationships systems. Part of the new perspective in this interactional field of research and practice includes the premise that these viable systems at times experience more stress than they can effectively deal with alone and, consequently, reach out for professional assistance for a period of time to help them get "unstuck".

The research direction for the past ten years has been focused on understanding, describing and defining the interactional process which supports a balance and constitutes extremes in individuation and system cohesiveness. The balance between these dimensions has repeatable been theorized as the "normal" viable type of family structure and the extremes, "pathological".

The evolution of several process models in family systems work illustrated the model building process researches utilized to study these dimensions (Reiss, 1971; a, b, and c; Wynne & Singer, 1963, a and b; Wertheim, 1973; Beanus, 1977; Olson, et al., 1979; Kantor and Lehr, 1975; Fleck, 1980; and Al-Khayyal, 1980).

Analysis of these studies revealed the clear dominance of outcome oriented process research which utilizes various vari-

ables considered critical in determining system functioning. Differentiating family systems have resulted in the development of typologies oriented conceptually by a functional/dysfunctional paradigm. The health/illness, "normality"/"deviancy" epistemology has dominated research and practice int his field. It is now being questioned as the most useful direction for research now and in the future (Palazzoli, 1980; Haley, 1972; Kantor and Lehr, 1975; Bateson, 1972; Hoffman, 1981; Keeney, 1979, 1983 and 1985; Reiss, 1981 and 1982; Dell, 1980; Olson, 1975 and 1979).

The literature of 1980 and 1981 reflects a direction away from etiological linear system models, however, the current models in practice do not reflect this new direction (Hoffman, 1981; Keeney, 1979, 1983 and 1985; Dell, 1981; Elkaim, 1981). Included in the new direction of systems thinking is the identified need for a conceptualization which describes and explains system stability and evolution for each idiosyncratic system (Steinglass, 1976, 1977, 1978, 1979, 1980; Hoffman, 1971 1972, 1981; Speer, 1977; Wertheim, 1973; Elkaim, 1981; Dell, 1980; Beavers, 1976). This need is experienced by clinicians in their work with systems struggling to find their balance between constancy and change which will fit their system's unique needs, values and history. The clinician who has a conceptual model which deals with the concepts of homeostasis and evolution without health/illness judgment is equipped to assist systems with this struggle. The model should help the clinician discover each system's unique ways of functioning and provide information about how "that system's" processes and structure make up its evolutionary style.

II. Research Questions

The major research objectives in this study were to (1) obtain information which would address the gap in our knowledge about the phenomenological structure and process of viable marital interaction and (2) to develop and test a nonlinear systems model for clinical application with marital systems. The subdimensions of these major research goals are expressed in the following questions:

1. What are the verbal and nonverbal behaviors in asymptomatic marital interaction during a problem solving encounter?

2. Is there an identifiable temporal structure which offers some ordering of behaviors within the process?

3. Are patterns observable in the data regarding behaviors clustering during specified periods within the process?

4. Can the measuring instrument (category system) demonstrate acceptable reliability percentages?

5. Are the behavioral indicators used in the category system to define conceptualized interaction process useful, understandable, reflective of empirical reality?

6. Does the conceptualized interactive process as operationalized in the category system reflect, describe with any accuracy the empirical phenomenological process being observed?

The first objective was to add to our knowledge base about the kinds of process and structure which characterize viable marital systems who may become temporarily symptomatic, but do not become stuck in clinical extremes of dysfunction (i.e., debilitating anxiety, depression, repetitive destructive behavior toward self and/or others, detachment or enmeshment which impairs functioning ability, chronic marital stress and/or crisis). The goal was to learn more about the variety of interactional styles which viable family systems use to effectively handle their family tasks and achieve individual growth and fulfilling relatedness in the process of task accomplishments.

The second objective was the development of a useful relevant systems model which is nonlinear, and capable of identifying patters, and interrelationships via process observation and analysis; as well as provide intervention strategy which will be system focused, versus individual oriented. The model should (1) organize the phenomenological interactional data, (2) describe this process in understandable translatable language for clients and professionals (i.e., putting experience into language), and (3) establish intervention goals and objectives for change when system processes are observed as interfering with system goals.

III. Methodology

The study utilized systematic observational methodology. The rationale for observational methodology which employs a behavioral instrument (i.e., category system for coding observations) versus utilizing self-report methodology is based on the need verified in the research literature for methodology which can obtain accurate interactional data concerning intimate relationships (Kent and Foster, 1977; Olson, 1969, 1977; Straus, 1964, 1973; Haley, 1972; Levinger, 1963; Olson and Rabunsky, 1972; Turk and Bell, 1972).

This study was limited to the marital system, a critical subsystem within the family unit. In the 80 studies reviewed by Doane (1978), the marital relationship emerged as the critical variable to consider in future family research. Doane concludes that more attention should be paid to the impact the couple has on the family system.

The population universe for this study consisted of 212 couples, comprising 23 couples' groups in an interdenominational church circle group program. The sampling procedure utilized purposive (nonrandom) methodology.

The criteria for the population sample included: (1) no history of identified diagnoses of emotional disturbance (conferred by a professional and/or by friends, family or self), (2) were not experiencing a marital crisis at this time, (3) had been married a minimum of two years, (4) were in a broad age range (twenties through fifties) and (5) were choosing to spend time and energy in a "growth" oriented activity (i.e., a church couples group experience designed to improve and/or enrich their marital relationship).

The demographic data on the research population reveal some interesting information: Couple stability, wives employed outside of the home, number of children similar to the national average, community involvement and commitment to education for self and others.

The median age for both spouses was skewed by the large range (31-74). The dominant age group were in their mid 30's The children were primarily preschool or young adults. The couples demonstrated enthusiasm, commitment and very positive feelings about the research and their participation.

Tasks Utilized to Stimulate Interactional Data

The tasks selected for this study were "Plan Something Together" (Task A, Appendix, p. 184) and "Decide How You Would Spend a $3,000 Gift to the Two of You" (Task B, Appendix, p. 184). Each couple was given both tasks in A, B sequence with a 10 minute time period for each task.

The "Plan Something Together" task asked the couple to talk with each other about an activity which they would like to do as a couple. The instructions included the investigator's request that the activity be something that they might actually do together at some time as a couple and/or family rather than a fantasy or dream trip. They were informed that they had ten minutes to discuss this issue and that they did not have to agree or finish their discussion within this time period.

Observers

Eight observers were selected from a group of fifteen graduate students who responded to a written announcement posted in the College of Social Work office. The criteria for selection included: (1) minimum of two years of Social Work experience in the direct practice role, (2) a major interest in clinical social work practice, and (3) some previous experience professionally or personally in interpersonal communication work.

The mean and median age of the observers was 34. Three were married, three divorced and two had not been married. None had previous course work kin family theory, therapy, systems theory or communication theory to supplement the course offerings within the core curriculum of the MSE I program.

The personal backgrounds of the observers were varied, as were their work experiences and social work experiences. They were similar in their lack of academic and professional experience in family systems theory and practice.

The training program in this study focused on achieving familiarity with the category system and coding procedures. There were three sessions, four hours long, spaced a week apart. Training included a description of the research project, the research questions, conceptual base, population sample and general methodological issues (See Appendix). Included in this didactic presentation was the explanation of the role of the observer in the data collection and data analysis components of this investigation. After the diadic material was presented, role playing was used to provide experience with a wide variety of interactional behavior. Written definitions were used in the initial training phase to help trainees learn the behavioral definitions of concepts and categories.

The final training activity involved the use of training tapes followed by consensus sessions with the investigator, to code the interactional behavior of couples who were not part of the research population. This method is supported by most researchers using this methodology (Weick, 1968; Kent and Foster, 1977; Jones et al., 1974; Bunsey and Hamburg, 1963). Tapes of six couples were presented which demonstrated a wide variety of interactional patterns and styles. These training tapes were made with volunteer, asymptomatic couples in Cleveland, Ohio. The setting was the Gestalt Institute of Cleveland, 1588 Hazel, Drive. The training procedure involved showing the tapes initially for observation only. This was followed with consensus sessions with the investigator to discuss questions and issues evoked by the tapes.

Coding System

In this coding system, the coder evaluated the behavior in relation to its connection with the previous behavior and its relationship to the development and resolution of a common figure (a cognitive theme or issue). Behavior was viewed through the lens of interpersonal communication due to the study's systemic paradigmatic base. Thus, individual behavior was evaluated as communication to the other. Judgment included the interpersonal content and the dominant figure context.

Observers were asked to observe the time frame within a 10 minute context. They were instructed to code the behaviors which dominated or characterized the two minute sequence, in relation to the 10 minute context. Behaviors were evaluated as interdependent parts of a sequence, not as independent isolated acts. They were instructed to judge how individual behaviors were connected to other behaviors in that time frame (i.e., supportive of the dominant behavior in that time frame or reflective of behavior belonging to a different category or "other" behavior which could not be classified in the specified categories). Each 10 minute tape was viewed twice. The initial viewing was uninterrupted. The second viewing was segmented into five, two minute units. These two minute frames represented the unit of analysis and were coded by the observers during a 15 second break after each two minute unit.

Observers were instructed to indicate the presence of behaviors by placing one hash mark in the space allocated to the behavior. Absence of behaviors was indicated by an absence of hash marks. One mark was used regardless of the amount of that behavior which occurred during that two minute unit. Observers coded two complete tapes, involving 80 minutes of observing plus 5 minutes for coding.

A 15 minute break was followed by one additional 20 minute tape (which involved a total of 40 minutes, for two viewing plus 2 1/2 minutes for coding). This schedule made use of heightened reliability from the observers.

The observers were divided into four groups of pairs after the training sessions. Each pair coded 11 tapes, two of which were rated twice by all eight observers. The two tapes were chosen on a random basis to allow an additional measure of inter-observer reliability. The initial coding of the random tapes occurred during the first coding session for each observer pair and the second rating was done during the last coding session for each pair.

Category System

Systematic observational methodology relies on the use of

category systems for recording and regroup observation. The category system utilized in this study focuses on complex interactional sequences contained in a two minute time frame.

The category system illustrated in Exhibit A contains the behavioral indicators for each conceptual stage of the interactive process. It graphically illustrates their sequential structure. This structure allows a functional analysis. The behavioral indicators listed within each stage define that conceptual state and explain the function or purpose of that stage. The hypothesized structure is cyclical and hierarchial in nature, utilizing an epigenetic principle (i.e., each state is experienced fully to enable satisfactory use of the succeeding stage).

Exhibit A illustrates the system used in this study. The conceptual categories are identified by five constructs: Awareness, Energy/Action, Contact, Resolution and Withdrawal. Each category is defined by the behavioral indicators listed below each concept. The sixth category "Other" was included to learn about the presence of behaviors not represented by the five defined categories.

IV. FINDINGS

The major findings evolved from investigating the research questions motivating the study. Reliability with the two initial research questions: (1) Can the conceptualized model for describing viable marital interaction be operationalized in an observational category system and demonstrate acceptable inter-observer reliability? (2) What are the components of viable marital interaction and how are these components structurally interrelated.

The four measures on inter-observer reliability produced high inter-observer agreement which is substantial empirical support for the instrument's reliability. Analysis of behavioral indicator usage dealt with the category system's demonstrated capacity for operationalization. The findings revealed a minimum of observer confusion. With a few exceptions, the indicators demonstrated clarity, relevancy and specificity.

A "macro profile" was generated for the group of 28 couples by combining the 28 individual interactional matrixes via a computer program (See Exhibit B). This combined profile was also reflected in 10 of the 30 couple's profiles. Two couples in the sample nearly approximated the interactional pattern, conceptualized form the theoretical premises underlying this study (See Exhibit C). This combined group of 12 couples demonstrated

interactional patterns which broadly approximated the conceptualized pattern. In the remaining 18 couples, a group of six reflected a restricted use of two or three categories throughout both 10 minute tasks. Twelve couples could not be categorized into groupings beyond pairs or triads.

The findings revealed that the majority of the couples did not function in the pattern suggested by this theoretical perspective; however, the conceptualized model was useful as a guide in pattern recognition. It did identify and describe the interactional patterns of each couple. Thus, the model appears to demonstrate ability in pattern recognition, regardless of the nature of the pattern. It offers a guide for gathering and organizing interactional data which can formulate the specific unique process profile or paradigm for that couple system.

	1		2		3		4		5	
	A	B	A	B	A	B	A	B	A	B
AWARENESS										
1. Information shared without being asked										
2. Information given in response to questions										
3. Questions asked										
ENERGY/ACTION										
1. The use of energy to reach across to join with another, getting the other person to be in the same place as you. Behavioral indication that someone is interested in something, i.e., through gestures, voice quality, interest words, posturing evidence of arousal, before joining occurs.										
2. Behavioral attempts to mobilize another's energy and interest, i.e., "Let's..," "How about we..,' "Why don't we..?"										
3. Behavioral indications of willingness to join with another.										
CONTACT The demonstration of mutual interest in a common, bounded figure.										
1. Behavioral indications that joining, unanimity, like-mindedness occurs, i.e., "Okay, we...," "We are..."										
2. Indications of understanding (agreement is not necessary)										
3. Being in sync with another										
RESOLUTION Behaviors which:										
1. Tests for finishing										
2. Behavioral attempts to "round-off" any sharp edges remaining to the experience										
3. Reflections, summarizations, or other attempts to "own" the content or experience										
4. Celebration or mourning the experience										
5. Attempts to use up, dissipate leftover energy										
WITHDRAWAL										
1. Reduction in energy so that the experience can fade										
2. Pausing, falling into silence										
OTHER										
1.										
2.										

GROUP NO. _____ DATE _____ NAME _____

EXHIBIT A. OBSERVATIONAL CODING INSTRUMENT

EXHIBIT B.

Macro Interactional Profile for 28 Couples
(In percent)

	Time Frame				
Categories	1	2	3	4	5
Awareness	35	30	12	12	5
Energy/Action	39	30	40	32	27
Contact	25	23	30	20	33
Resolution	1	15	15	29	28
Withdrawal	0	2	3	7	7

Note: "Other" category not included in the 32 Interactional Profiles as percentage of observations were all below 1 percent of total observations for that time frame.

EXHIBIT C.

Conceptualized Interactional Profile
(In percent)

	Time Frame				
Categories	1	2	3	4	5
Awareness	70	40			
Energy/Action	30	60	40		
Contact			60	40	
Resolution				60	50
Withdrawal					50

V. IMPLICATIONS FOR PRACTICE WITH FAMILY SYSTEMS

The findings suggest that specific processes do characterize viable interaction but that no one pattern for these processes exists. Each couple had their own viable pattern which they had created and were now sustaining.

What is clear from these findings is that couples develop their own idiosyncratic interactional patterns and that an infinite number of couple patters may exist within the broad span of marital couples who live most of their lives without chronic, crippling emotional symptoms. This finding has implications for the clinician. There may be no one optimum, healthy pattern of interaction. Thus, clinicians have no empirical support for directing a couple toward a specific interactive style or method which characterizes asymptomatic interaction. This means giving up a therapeutic position of pushing or pulling the couple to a place he/she thinks it "should be". The corollary principle is giving up the idea of the clinician as a "force acting upon the client system" to bring about change. Instead, the therapeutic position becomes more neutral and directed toward helping the system discover how it fits together as a system (i.e., how its individual pieces are connected for form its unique coherence as a system). These couples will, at times, experience crisis, resolve their problems and continue their lives together or dissolve their systems and form new ones. The clinical issue becomes developing an epistemology and technology for working with these couples when they become temporarily stuck. Professional assistance can offer them information about their interactional processes (what and how they are doing to keep themselves stuck). With this process awareness, problem patterns for the system can be altered to allow new interactional behavior which can more appropriately meet the changing needs within the system. In this view, dysfunction is in relation to each couple's idiosyncratic patterns rather than in relation to some external, preconceived definition of health/illness used as a model for evaluating, and judging all marital couples.

Thus, the crucial need of clinicians becomes a methodology for identifying each couple's own idiosyncratic patterns to enable feedback to the system about its processes (i.e., how they function together). The instrument used in this research demonstrated potential as a tool for describing idiosyncratic patterns which constitute the couple's interactional profile.

We need to know more about the wide range of interactive styles which the majority of families have evolved to "re-tool" our intervention strategy and establish new parameters and issues for research.

The direction in clinical practice with family systems suggested by these findings is toward the development of a generic, value free, pathology free paradigm which can construct each couple's unique idiosyncratic interactional profile. This model could be used in clinical and research work to generate a data bank comprised of individual couple profiles which could eventually lead to the construction of interactional typologies organized around "family singularity" in establishing and accomplishing system viability.

The model examined in this research demonstrated capacity for describing "what did in reality exist" in couples' interaction. The data did not verify the suggested conceptualization of structure proposed before the research was implemented. This conceptualization was offered as the potential major interactional pattern which would characterize viable marital interaction.

The important discovery was the model's ability to describe "what did in reality exist" via pattern terminology and to describe patterns of variation in the ways couples interact in a problem-solving context. This finding has significant implications for its use as a clinical, research and educational model for organizing phenomenological data in a wide variety of couple systems. These data organizations become system paradigms which represent each couple's singularity. Dysfunction would be viewed in relation to each couple's idiosyncratic profile rather than to a preconceived idea of health and illness.

Epstein, Bishop and Baldwin in their analyses of the major process models in current family systems research argue against premature typologizing, given the current state of knowledge in this field. They suggest "a more fruitful strategy <u>at this time</u> is to try to identify important dimension of variation and to see how families distribute themselves along these dimensions. If with empirical study, they fall into clusters, then the set clusters may become a useful typology" (Walsh, 1983, pg. 135).

David Reiss (1982) also warns against "models which make definitive distinctions between normal and maladoptive extremes with accompanying implications for preferred directions of family change". He and his researchers recommend more research to increase our "knowledge of exactly what family characteristics or patters signal pathological extremes and what patterns fall within a 'normal' range of reasonable adoptive functioning" (Walsh, 1982, pg. 111). He suggests developing models which can identify "patterns of variation" in the ways families interact.

Clinical social work practice would benefit from studies oriented toward a new epistemology offering concepts which describe the circularity of behavior, focusing on connections between behaviors rather than linear thinking which emphasizes

the study of behaviors or elements as distinct entities to be understood separate from their context. This new direction in systems thinking is being expressed in the current social science literature (Keeney, 1979, 1983, 1985; Prigogine, 1969; Dell, 1980; Elkaim, 1981; VonFoerster, 1981). The implications of this new thinking for practitioners is the giving up of a major source of theoretical models explaining and changing behavior. The gap created must be filled with useful, relevant, reliable and valid theoretical models oriented in this new epistemology.

The major clinical and research direction should be the development of paradigms which emphasize circularity, recursiveness, coherence and evolution of human behavior.

These models would offer clinicians a new way of understanding and working with individuals within their intimate systems. The objective becomes seeing connections between behaviors within the various systems individuals relate to and are influenced by (i.e.. marital, family, work, social, etc.). The study of human systems is dependent upon the development of such models.

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